



CALIFORNIA EMS AUTHORITY
PARAMEDIC LICENSURE PROGRAM
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA 95670-6073
TELEPHONE (916) 323-9875

STATE USE ONLY

CE _____

CPD _____

PBGC _____

REVIEWED
BY _____

DATE _____

**STATE OF CALIFORNIA EMT-PARAMEDIC APPLICATION
LAPSED LICENSE REINSTATEMENT**

If you have changed your address, cross out the incorrect information and print your changes next to it.

Name: _____

License: _____

Address: _____

Effective: _____

Expire: _____

Instructions

1. Complete the Required Information; sign and date the application in ink; only original signatures accepted.
2. Complete the Statement of Continuing Education on the reverse side of this form. **CE must be from an EMS approved CE provider.** Include copies of all CE certificates or other documentation for all CE listed. **All incomplete applications will be returned.**
3. Complete the other requirements that apply for the period of time that your license has been lapsed as listed on the enclosed Instructions for Completing Paramedic License Renewal Application Form.
4. Please return a **\$250** check or money order made payable to **EMS PERSONNEL FUND** with this application in the return envelope provided. **DO NOT SEND CASH.** Write your Paramedic License Number on the check.

REQUIRED INFORMATION - PLEASE PRINT OR TYPE

Residence Address If Other Than Mailing Address Listed Above _____

_____ Is this a change of your mailing address? Yes _____ No _____

Date of Birth _____ Last 4 of Social Security Number _____

County(ies) or region(s) in which you are currently accredited: _____

If employed by an EMS provider(s), please list the name and address of each provider.

Have you lived in California continuously for the past seven (7) years? YES _____ NO _____

Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction that has been expunged (set aside) under Penal Code Section 1203.4? YES _____ NO _____

Are there any criminal charges currently pending against you? YES _____ NO _____

If you answered yes to either of these questions, attach a detailed statement describing the charge(s)/conviction(s), date, location, court, sentence served, parole or probation if any. You may attach applicable certified court documents and police reports to help expedite the review of your application.

Have you ever had a healthcare certification, accreditation, or license denied, suspended, revoked or placed on probation, or are you under investigation at this time? YES _____ NO _____

If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

I hereby certify under **penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any employer, agency or any other person for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT: _____ DATE: _____

PHONE NUMBER: Home (_____) _____ - _____ Work (_____) _____ - _____

E-MAIL ADDRESS _____ Cell (_____) _____ - _____

(OVER)

(OVER)

STATEMENT OF CONTINUING EDUCATION MINIMUM OF 48 HOURS REQUIRED				
Instructor Based CE (i.e., classroom setting or may include on-line CE courses if an instructor is available) At least 24 hours of CE must be taken in this format and cover the topics listed in the US DOT National Standard Paramedic Curriculum. Courses 20 hours or more are required to have beginning and ending dates.				
DATE MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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Total				
Other Approved Acceptable CE May include CE course, class or activity instructor; EMT, AEMT, or paramedic program instructor; precepting; magazine articles for CE credit; advanced topics in subject matter outside the scope of practice of a paramedic but directly relevant to emergency medical care; courses in physical, social or behavioral sciences offered by accredited universities and colleges; structured clinical experience; and media based and/or serial productions.				
DATE MM/DD/YY	COURSE TITLE	APPROVED PREHOSPITAL CE PROVIDER NAME	APPROVED PREHOSPITAL CE PROVIDER NUMBER	NUMBER OF CE HOURS
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Total				

For the complete regulations related to continuing education, please refer to Title 22, Division 9, Chapter 11, EMS Continuing Education, Article 2, of the California Code of Regulations. The regulations can be found on the EMS Authority's website at http://www.emsa.ca.gov/laws/files/ch11_conted_101004.pdf.

A list of approved CE Providers can also be found on the EMS Authority's website: <http://www.cecbems.org> or <http://www.emsa.ca.gov/personnel/files/ceprov.htm>

CE courses taken in the last month of a licensure cycle may be applied to the subsequent licensure cycle if the CE course(s) was not applied to the licensure cycle during which the CE course was taken.

Check the status of your application at: <http://www.centralregistry.ca.gov/>